



## PART B - FEE(S) TRANSMITTAL

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03/23/2004

**KNOBBE MARTENS OLSON & BEAR LLP**  
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**Mark J. Kertz**

(Depositor's name)

*Mark Kertz*

(Signature)

*Apr. 28, 2004*

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/021,795	12/11/2001	Tuan Anh Nguyen	VGEN.008A	2030

TITLE OF INVENTION: HYDRAULIC CONFIGURATION FOR INTRAOCULAR LENS SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
- nonprovisional	YES	\$665	\$300	\$965	06/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MATTHEWS, WILLIAM H	3738	623-006370

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Knobbe Martens2 Olson & Bear LLP

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Visiogen, Inc.Irvine, CAPlease check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

*Mark Kertz**Apr. 28, 2004*

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05/04/2004 WABRHAM2 00000074 10021795

01 FC:2501

665.00 OP

02 FC:1504

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